

# *Holy Family Summer Camp 2018*

## **CIT Registration Form**

**Our four day summer camp is designed for girls, ages 11-15.**

**Dates: Wednesday, July 25, 10:00 a.m. to Saturday, July 28, 3:00 p.m., 2018**

Girls ages 15 and over who have previously attended our camp and wish to participate in the **Counselors in Training Program (CITs)**

## **CIT Day: Tuesday, July 24, 2018, 3:00 p.m.**

**PURPOSE:** This program provides CITs (Counselors in Training) an opportunity to deepen their faith and develop Christian character by assisting Adult Camp Counselors in a leadership role during Holy Family Summer Camp.

**ACTIVITIES:** Regular camp activities include outdoor recreation, arts and crafts, small group skits, icebreakers, swimming, trip to the beach, a themed party, and much more! Throughout the days, campers will be immersed in the Sacraments, Sacred Scripture, and prayer. Each day includes Mass, spiritual talks, and rosary.

**COST:** Pay in full \$175 or pay \$50.00 non-refundable deposit to reserve your camper's spot. (This deposit will be deducted from the total camp cost.) Please pay by cash or check. Remaining balance is due on **June 30, 2018**. The fee for registration is non-refundable and does not include accident/injury insurance. Camp fee and deposit are not tax deductible.

**Application/Reservations:** Fill out (type or print) application form and detach form below. Please enclose the \$50.00 registration fee (per girl). Make check payable to: **Holy Family Motherhouse, P.O. Box 691, 54 West Main St., Baltic, CT 06330**

*Please contact:*

**Sister Mary Kathleen, SMC**

**860-423-5122**

**[srmarykathleen@gmail.com](mailto:srmarykathleen@gmail.com)**

**OR**

**Sister Rafael, SMC**

**860-822-8241**

# HOLY FAMILY SUMMER CAMP 2018 C.I.T. CAMPER REGISTRATION FORM

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_  
FIRST MIDDLE LAST MONTH / DAY / YEAR

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name of Parent or Guardian:  
(printed) \_\_\_\_\_

Name of Parent or Guardian: (signed)  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail address:  
\_\_\_\_\_

T-Shirt size (Please order adult petite, small, medium, large, or extra-large)  
\_\_\_\_\_

**ENCLOSED IS MY NON-REFUNDABLE REGISTRATION FEE \$50.00 PER GIRL.**

